

AMERICAN BORDER LEICESTER ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 305 Lincoln - Wamego, KS 66547 • Fax: 785-456-8599
New rates effective July 1, 2015

Name _____ Membership # _____

Address _____ Website _____

City, State, Zip _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Check one of the following:

Senior/Active Member Junior Member (until age 21) Non-Member New Member Applying

	Quantity	Member Price	Non-Member Price	Total Cost
A. MEMBERSHIPS				
1. New Senior Member _____		30.00		
2. Annual Senior Dues _____		30.00		
3. New Junior Member (date of birth ____/____/____) _____		20.00		
3. Junior Dues (date of birth ____/____/____) _____		20.00		
B. REGISTRATIONS _____		7.00	14.00	
C. TRANSFERS _____		7.00	14.00	
D. DUPLICATE CERTIFICATE _____		3.00	same	
E. RUSH FEE (per each registration & transfer) _____		5.00	same	
F. EMERGENCY FAXES (per page - not including cover) _____		3.00	same	
G. SPECIAL HANDLING				
1. UPS Overnight Delivery _____		<i>Call to order... Must provide credit card number for direct payment to UPS</i>		
2. Postal Overnight, USPS (two-three day delivery) _____		24.00	same	
3. Priority Mail, USPS (four-five day delivery) _____		7.00	same	
H. OTHER FEES _____				

Please send Membership Dues to:
Jack Price
628 N. 1150 East Road
Palmer, IL 62556
Phone: (217) 502-4082

TOTAL FEES FROM ABOVE.....\$ _____

Previous Balance Due (please return invoice).....\$ _____

Previous Credit Due (please return invoice)\$ _____

TOTAL AMOUNT DUE\$ _____

PAYMENT BY CHECK # _____ **OR CREDIT CARD #** _____

EXPIRATION DATE ON CARD _____ **THREE DIGIT CODE ON BACK OF CARD** _____

ZIP CODE OF BILLING ADDRESS _____ **SIGNATURE OF CARDHOLDER** _____

ALL CREDIT CARD TRANSACTIONS WILL BE CHARGED A 15 CENT TRANSACTION FEE AND A 3.5% CONVENIENCE FEE ON THE TOTAL AMOUNT

• ALL WORK requested MUST HAVE accompanying PAYMENT TO PROCESS •

Breeding Certificate

This is to certify that Ram _____ Registration # _____
(Ram Name & Tag Number) *(Registration Number)*

were exposed to Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)

from _____ to _____
(Month, Day, Year) *(Month, Day, Year)*

Owner of ewes at time of Mating: _____ Owner of ram at time of Mating: _____
(Signature) *(Signature)*

Address: _____ Address: _____

Breeding Certificate

This is to certify that Ram _____ Registration # _____
(Ram Name & Tag Number) *(Registration Number)*

were exposed to Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)

from _____ to _____
(Month, Day, Year) *(Month, Day, Year)*

Owner of ewes at time of Mating: _____ Owner of ram at time of Mating: _____
(Signature) *(Signature)*

Address: _____ Address: _____

Breeding Certificate

This is to certify that Ram _____ Registration # _____
(Ram Name & Tag Number) *(Registration Number)*

were exposed to Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)

from _____ to _____
(Month, Day, Year) *(Month, Day, Year)*

Owner of ewes at time of Mating: _____ Owner of ram at time of Mating: _____
(Signature) *(Signature)*

Address: _____ Address: _____